# Supplemental Application Data Sheet

### **Application Information**

Application Number:: 10721307

Filing Date:: 11/25/2003

Application Type:: Regular

Subject Matter: Utility

Suggested Classification:: 434

Suggested Group Art Unit:: 3713

Title:: Interactive Education System for Teaching Patient

Care

Attorney Docket Number:: 16844.57

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 45

Small Entity:: Yes

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John

Middle Name:: S.

Family Name:: Eggert

City of Residence:: Miami

State or Province of Residence:: FL

Country of Residence:: US

Street of Mailing Address:: 6075 S. W. 128<sup>th</sup> Street

City of Mailing Address:: Miami

State or Province of Mailing Address:: FL

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 33156

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: S.

Family Name:: Eggert

City of Residence:: Norfolk

State or Province of Residence:: VA

Country of Residence:: US

Street of Mailing Address:: 1402 Trouville Avenue

City of Mailing Address:: Norfolk

State or Province of Mailing Address:: VA

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 23505

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Devin

Family Name:: Johns

City of Residence:: Miami

State or Province of Residence:: FL

Country of Residence:: US

Street of Mailing Address:: 11207 N. Kendall Drive, Apt. A214

City of Mailing Address:: Miami

State or Province of Mailing Address:: FL

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 33176

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Phillip

Family Name:: Vallejo

City of Residence:: Miami

State or Province of Residence:: FL

Country of Residence:: US

Street of Mailing Address:: 4440 S. W. 5<sup>th</sup> Street

City of Mailing Address:: Miami

State or Province of Mailing Address:: FL

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 33134

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Alberto

Family Name:: Rodriquez

City of Residence:: Miami

State or Province of Residence:: FL

Country of Residence:: US

Street of Mailing Address:: 1174 N. W. 135<sup>th</sup> Court

City of Mailing Address:: Miami

State or Province of Mailing Address:: FL

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 33182

#### **Correspondence Information**

Correspondence Customer Number:: 27683

Phone Number:: 214.651.5533

Fax Number:: 214.200.0853

E-Mail Address:: ipdocketing@haynesboone.com

## **Representative Information**

Representative Customer Number::	27683
	1

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part	10292192	11/11/2002
	of		
which is a	Continuation-in-Part	09640700	08/17/2000
	Continuation of		

### **Assignee Information**

Assignee Name::

Gaumard Scientific Company, Inc.

Street of Mailing Address::

14700 S. W. 136<sup>th</sup> Street

City of Mailing Address:

Miami

State or Province of Mailing Address::

FL

Country of Mailing Address::

US

Postal or Zip Code of Mailing Address:: 33196